

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **32483**

**FILED SEP 21 1943**

Registration District No. **317**

Primary Registration District No. **6076**

Registrar's No. **2065**

1. PLACE OF DEATH:

(a) County **St. Louis**  
(b) City or town **Lemay**  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
**1037 Lemay Ferry Road**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution **15 years** (Specify whether years, months or days)  
In this community **15 years**

3. (a) PRINT FULL NAME **Martin Chodat**

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_  
4. Sex **Male** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Single**  
6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased **Dec. 2 1879** (Month) (Day) (Year)

8. AGE: Years **63** Months **9** Days **2** If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace **Switzerland** (City, town, or county) (State or foreign country) **5**

10. Usual occupation **Day laborer**

11. Industry or business **Sauters Tavern**

MOTHER FATHER { 12. Name **unknown**  
13. Birthplace **unknown** (City, town, or county) (State or foreign country) **9**  
14. Maiden name **unknown**  
15. Birthplace **unknown** (City, town, or county) (State or foreign country) **9**

16. (a) Informant **August Sauter**

(b) Address **1037 Lemay Ferry Road**

17. (a) **Burial** (Burial, cremation, or removal) (b) Date thereof **Sept. 14, 1943** (Month) (Day) (Year)

(c) Place: burial or cremation **Mt. Olive Cemetery**

18. (a) Signature of funeral director **Fendler Und. Co.**

(b) Address **7420 Michigan Avenue**

19. (a) **SEP 17 1943** (Date received local registrar) (b) **E. G. McKeeman, M.D.** (Registrar's signature) **Z. S.**

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **St. Louis**  
(c) City or town **Lemay** (If outside city or town limits, write "RURAL")  
(d) Street No. **1037 Lemay Ferry Road** (If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Sept.** day **13th** year **1943** hour **5:30** minute **A.M.**  
21. I hereby certify that I attended the deceased from **Aug. 23rd** 19**43** to **Sept. 13** 19**43** that I last saw him alive on **Sept. 10** 19**43** and that death occurred on the date and hour stated above.

Immediate cause of death **Bronchopneumonia left** Duration **10 days**

Due to **Carcinoma of esophagus** 2 months

Due to **middle 1/3 with esophageal-bronchial fistula** 1 month

Other conditions (Include pregnancy within 3 months of death)

PHYSICIAN  
Major findings: **none**  
Of operations **none**  
Of autopsy **none**  
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) \_\_\_\_\_  
(b) Date of occurrence \_\_\_\_\_  
(c) Where did injury occur? \_\_\_\_\_ (City or town) (County) (State)  
(d) Did injury occur in or about home, on farm, in industrial place, in public place? \_\_\_\_\_

While at work \_\_\_\_\_ (Specify type of place) (e) Means of injury \_\_\_\_\_  
23. Signature **D. J. Fendler** (M. D. or other)  
Address **Baroness** Date signed **9-13-43**

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

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**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....,  
working under my personal supervision.

Signed.....

*Alfred E. Funder*

Licensed Embalmer No.....

*4148*

P. O. Address.....

*St. Louis, Mo.*

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)**

**If this body is not embalmed, fact should be so stated above.**